

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. <b>10521817</b>	FILING DATE
APPLICANT(S)	

112105

11105 CLAIMS

9/7/05

	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52	/					
53	/					
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100						
TOTAL IND.	4					
TOTAL DEP.	29	↔	↔	↔		
TOTAL CLAIMS	33					